HMA

HEALTH MANAGEMENT ASSOCIATES

Idaho Statewide Healthcare Innovation Plan Telehealth Grant Program

Final Report

PREPARED FOR THE
IDAHO DEPARTMENT OF HEALTH AND WELFARE

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Research and Consulting in the Fields of Health and Human Services Policy, Health Economics and Finance, Program Evaluation, Data Analysis, and Health System Restructuring

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Statewide Healthcare Innovation Plan (SHIP) is supported by Funding Opportunity Number CMS-1G1-14-001 from the U.S. Department of Health and Human Services, Center for Medicare & Medicaid Services.

Introduction

Overview of the Idaho SHIP Telehealth Grant Program

The Idaho Department of Health and Welfare (Department), Office of Healthcare Policy Initiatives was created to manage a federal Center for Medicare and Medicaid Innovation (CMMI) State Innovation Model (SIM) grant received by the Department for the implementation of Idaho's Statewide Healthcare Innovation Plan (SHIP). SHIP was developed to redesign Idaho's healthcare system to improve Idahoan's health by strengthening primary and preventive care through the patient centered medical home (PCMH), and evolve from a fee-for-service, volume–based payment system of care to a value-based payment system that rewards improved health outcomes.

The Virtual PCMH model is Idaho's unique approach to establishing PCMHs in rural, medically under-served areas. Through the Virtual PCMH, the traditional PCMH healthcare team is expanded to include previously untapped existing local resources and remote resources technology. The creation of Virtual PCMHs in Idaho tested the impact of the core components of the Virtual PCMH: telehealth technology, Community Health Workers, and Community Health Emergency Medical Services (CHEMS), ultimately extending the PCMH care coordination model.

Telehealth is a mode of delivering healthcare services that uses information and communication technologies to enable the diagnosis, consultation, treatment, education, care management, and self-management of patients at a distance from health providers. Many Idahoans have limited access to behavioral health and specialty services, particularly those living in one of the state's 35 rural or frontier counties. Telehealth is an important tool for providing access to essential services that may not otherwise be available in medically-underserved communities.

Telehealth Webinar Series

Telehealth support for the SHIP PCMH clinics began in July 2016 with a series of six (6) one-hour webinars to build the clinics' capacity, knowledge, and expertise to develop and implement their own telehealth program. The Department contracted with Health Management Associates (HMA) to create these webinars, along with a toolkit of associated resources. The tools included telehealth program development and implementation resources that complimented the webinars. The HMA team developed and delivered this series of six telehealth webinars that covered the topics listed here, starting with the importance of completing a demand analysis and readiness assessment as the initial steps when contemplating implementation of a telehealth program then covering specific areas of telehealth program development. Specific topics within the readiness assessment include equipment selection, reimbursement, program development, and evaluation and monitoring.

Webinar Series Topics

- *Demand Analysis:* Determining the Unmet Community Needs and Identifying Barriers for Using Telehealth
- *Readiness Self-Assessment:* Completing a Telehealth Program Readiness Assessment
- *Telehealth Reimbursement, Billing, and Coding:* Identifying and Understanding the Opportunities for Telehealth Revenue
- *Equipment Selection:* Strategies for Selecting Appropriate Telehealth Equipment
- *Program Development:* Framework and Best Practices for Developing a Telehealth Program
- *Evaluation and Monitoring:* Measuring the Impact of Your Telehealth Program

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Telehealth Grantee Program

The Department provided twelve sub-grant awards to eight clinics and one CHEMS agency through two rounds of grantmaking. These grants supported new or expanding telehealth programs that improve care, increase access to care, expand system capacity for serving patients with the care they need, and achieve efficiencies in health care delivery. Eligible recipients included participating SHIP PCMH sites, including CHEMS agencies to establish or expand the scope of telehealth operations, with the exact scale and type of telehealth operation left open for the applicant sites to define according to their organizational and patient population needs. Grantee requirements included an on-site meeting, regular meetings with the Department and/or the technical assistance (TA) contractors, and the submission of quarterly reports including minimum identified telehealth data indicators. As part of the application process, organizations were encouraged to reference the telehealth webinar series and complete an initial demand analysis and readiness assessment.

Summary of Technical Assistance

As part of the Virtual PCMH Telehealth Grantee program, HMA provided TA to the nine organizations, representing twelve sites across the state, to implement and expand telehealth programs. The HMA core project team worked collaboratively with the Department and each grantee to implement various elements of the project from kick-off to pilot completion, while supporting cross-site learning. The HMA core project team engaged additional subject matter expertise from within the firm as needed to supplement individual site activities and present learning collaborative content. Grantees engaged with technical assistance at different levels according to preference and capacity.

The framework for technical assistance included:

- The development and facilitation of individual site assessments and gap analyses;
- Regular coaching sessions to discuss program implementation status and address priority areas of need (including one in-person site visit); and
- Group learning through four interactive Learning Collaborative Webinars, available to grantees and other SHIP PCMH Cohort sites.

Site assessments: HMA coaches completed an onsite assessment for each of the SHIP Telehealth grantees. During these visits, the HMA coaches met with the program staff and providers. Each visit was unique, depending on the size and makeup of the program and the team, varying from a single provider to an entire multi-disciplinary team across several sites. These site visits proved invaluable to the process as they provided a more personal connection for the virtual technical assistance that would occur for the duration of the program and an opportunity to understand the challenges and identify potential solutions to address in the ongoing TA.

Virtual Coaching: The practices were offered ongoing technical assistance, including 1:1 monthly coaching meetings and ad hoc TA via emails throughout the month as issues arose. The coaches addressed the gaps identified during the site assessments and any additional challenges brought forth by the practices during the calls. HMA coaches shared telehealth program development tools with sites when needed as their programs evolved, including a readiness assessment, demand analysis tool,

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vendor selection tool, sample business plan, and example workflows. Additional HMA coaches were added to the team to provide more specific subject matter expertise when appropriate, such as around rural health and emergency medical services. For more detail by site, reference the Grantee Profiles section.

Learning Collaboratives: HMA presented and facilitated four Learning Collaborative Webinar sessions to support group learning about identified priority program needs and cross-site sharing. While the main audience for the webinars were the grantee programs, the Department opened it up to all SHIP PCMH sites and key telehealth stakeholders. Additional session-specific information is included below:

Telehealth Financing and Vendor Evaluation and Relationship Development – March 20, 2018

The first webinar focused on the two most prevalent issues identified during the initial assessments: reimbursement opportunities and vendor evaluation and selection. Along with walking through the details of the updated reimbursement matrix, George Gutierrez, Deputy Administrator, Idaho Medicaid, presented information on the Medicaid telehealth policies and reimbursement. Also, Chad Basham from HMA discussed key issues to address for relationship development with telehealth vendors and introduced a vendor assessment tool.

Sharing the Lessons Learned: Hearing from the Providers – June 20, 2018

The second webinar showcased two grantee programs, with representatives from Sandpoint Family Health Center and Coeur d'Alene Pediatrics. Sandpoint Family Health Center presented lessons learned from their small family practice pilot targeting telehealth for diabetic patients. Coeur d'Alene Pediatrics shared detail about their expansion project to include more providers in the telehealth program and serve children on-site in a residential safe haven. HMA facilitated the discussion and follow up question and answer session to highlight key best practices from each program.

Tele-Behavioral Health Part 1: Evidence Base for Implementation and Stories from the Field – August 16, 2018

Tele-Behavioral Health Part 2: The Clinician Leader Role in Program Development and Stories from the Field – September 11, 2018

The final two webinars focused on tele-behavioral health, a key component of many grantee programs. Dr. Marc Avery, new to HMA from University of Washington, presented research and evidence base, as well as checklists, to support tele-behavioral health program design, clinician leadership, and implementation. HMA also showcased two additional grantee programs, Latah Community Health and Terry Reilly Health Services, to share lessons learned from their pilot programs.

HMA received positive feedback from the sites on the utility and lessons learned from the other SHIP grantee presentations. As noted in the final recommendations of this report, it would be useful for the state to provide ongoing opportunities for providers and staff from telehealth programs (SHIP and others) to have a forum to share ideas and best practices.

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Telehealth Planning Meeting

On May 23, 2018, the Department hosted a telehealth planning meeting in Boise. The purpose of the meeting was to convene a diverse set of telehealth subject matter experts to identify and discuss barriers, challenges, and opportunities for advancing telehealth in Idaho. Over 40 telehealth stakeholders from across the state representing hospitals, urban and rural health clinics, health systems, CHEMS, government, insurance, telehealth consulting experts, associations, and academia participated. Through the convening, attendees-built consensus around the value and need for advancing telehealth services across Idaho. The group concluded that its best course of action is to seek the partnership of the Idaho Healthcare Coalition (IHC) to advocate on behalf of the future of telehealth in Idaho.

As the group moved on to identifying opportunities, there was general agreement about the potential of telehealth to help overcome the specific challenges of provider shortages and rural and frontier community isolation, which contribute to significant areas of underserved populations due to lack of access to care. They identified the models and applications for telehealth that can improve access to primary care and specialists, support patient and provider education, and share real time actionable data. Additionally, the group recognized that the complex issues surrounding telehealth must be addressed by stakeholder collaboration to thrive within a very complex healthcare system.

By the end of the day, there was emerging consensus that continued, coordinated growth of telehealth as a resource for addressing healthcare needs in the state is urgent. Participants considered it crucial that dialogue continue post-SHIP among stakeholders, particularly payers, and all were interested in continuing the dialogue.

Given the previously narrow scope of the now inactive Idaho Telehealth Council, its low membership, and lack of resources, participants agreed that another coordinating body with adequate capacity is needed to advance telehealth. Stakeholders decided to ask the IHC to advocate on their behalf, by communicating the need for the continued prioritization of telehealth to the Health Quality Planning Commission and asking their help in continuing the momentum of the telehealth work that has begun and finding potential solutions to identified challenges.

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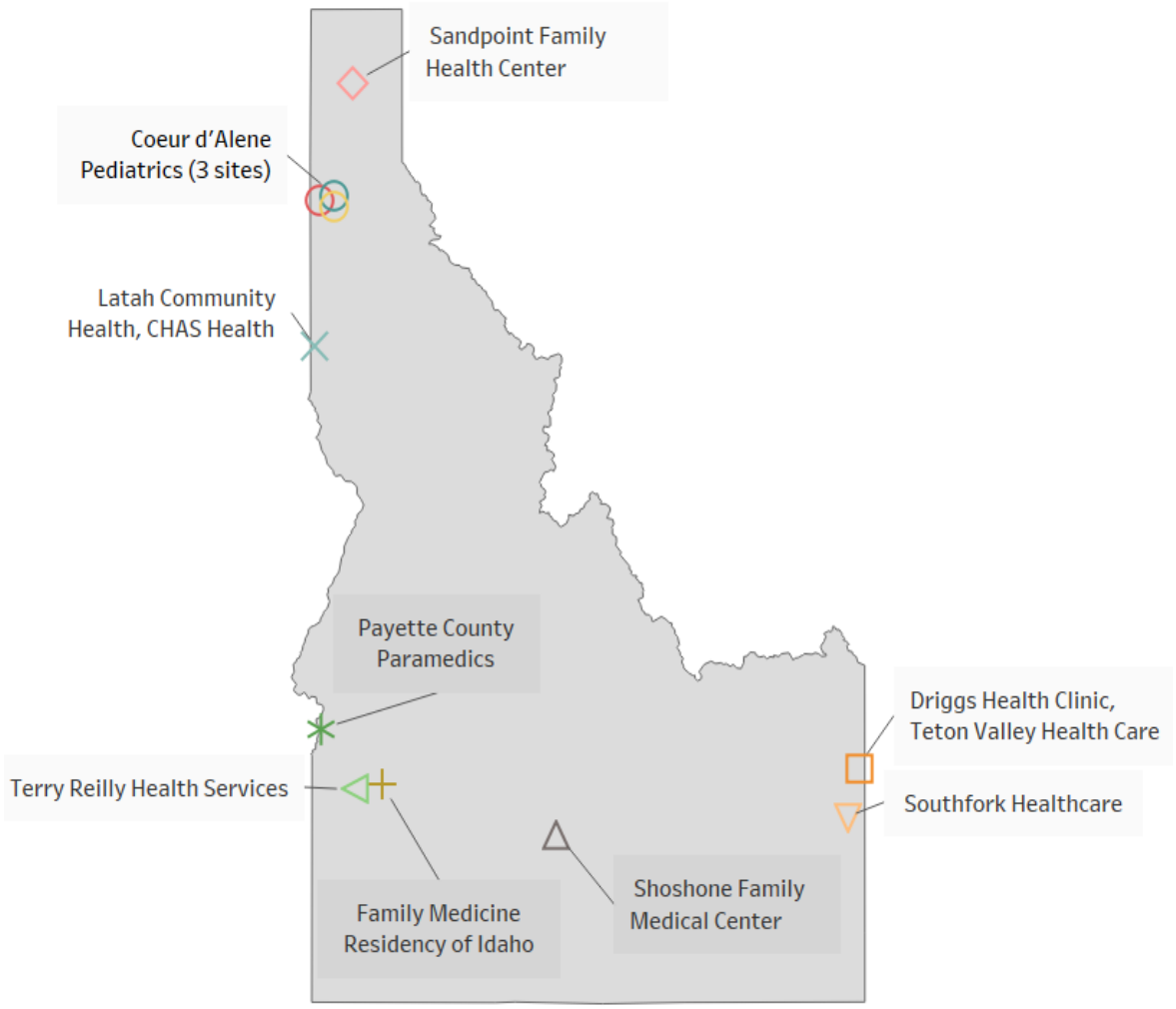
Telehealth Program Grantees Summary

The twelve SHIP Telehealth Program Grantees included both pilot and expansion projects with representation from across the state. Grantee organizations varied in staffing models and service population size, ranging from a one-provider shop to a large, multi-facility federally qualified health center with integrated behavioral and dental care. The majority of telehealth projects piloted video visit technology to support visits between a primary care provider and patient. In some cases, the patient was at another clinic location, but generally the originating site was in the patient home, office, car (parked, on the way to school for example), or in a residential safe haven facility.

Each grantee determined metrics to evaluate their unique telehealth program; however, at a minimum, the programs tracked the number of unduplicated patients served and the overall number of telehealth visits provided. This final report documents data reported through December 31, 2018. Below is the entire list of grantees, with more detailed grantee profiles to follow.



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Idaho SHIP Telehealth Program Grantees

Grantee Organization	Location(s)	Practice Type	Originating Site	Clinical Service
Coeur d'Alene Pediatrics (3 grants)	Coeur d'Alene, Post Falls, Hayden	Pediatric Primary Care Clinics	Patient Home or Children's Village (2 programs)	Primary Care
Driggs Health Clinic, Teton Valley Health Care, Inc.	Driggs	Hospital-Based Outpatient Clinic	Hospital-Based Outpatient Clinic	Oncology
Family Medicine Residency of Idaho	Boise	Residency Training Program	Patient Home or School-Based Health Center (2 programs)	Primary Care
Latah Community Health, CHAS Health	Latah	Federally Qualified Health Center	Patient Home or Clinic	Behavioral Health, Primary Care, Pharmacy Consultation
Payette County Paramedics	Payette	CHEMS	Patient Home	Community Paramedic Evaluation
Sandpoint Family Health Center	Sandpoint	Primary Care Practice	Patient Home	Primary Care
Shoshone Family Medical Center	Shoshone	Rural Health Clinic	Patient Home	Primary Care
Southfork Medical Clinic	Irwin	Primary Care Practice	Patient Home or Clinic	Radiology
Terry Reilly Health Services (2 grants)	Nampa	Federally Qualified Health Center	Clinics in Melba, Marsing, Homedale, Middleton	Behavioral Health, Nurse Triage

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Coeur d'Alene Pediatrics – Coeur d'Alene, Post Falls, and Hayden, Idaho

Coeur d'Alene Pediatrics (CdA Pediatrics) is the largest pediatric clinic in Idaho, serving children in North Idaho for over 30 years. The clinics provide patient-centered collaborative care with thirteen providers including a wide range of subspecialists in three state-of-the-art facilities.

Telehealth Expansion Program

Coeur d'Alene Pediatrics used funding to increase the overall number of telehealth appointments available, targeting Medicaid patients. The clinics started to offer telehealth services through three physicians in April of 2017. The expansion project increased the number of participating providers and expanded the types of telehealth appointments. Additionally, the program expanded to provide telehealth services onsite at a local children's residential safe haven, Children's Village. The core project team included the Director of Operations, the Practice Administrator, and a Physician/Owner. Telehealth services are provided for established patients through video visits, using the Chiron Health platform. Patients can be at home (or another desired location) and have a visit with a provider at a CdA Pediatrics clinic. For care provided at Children's Village, a nurse facilitates the visit on site with the young resident, using highly functional peripherals to convey information over to the provider at the CdA Pediatrics clinic. Using telehealth for the residents of Children's Village avoided the complicated and costly transportation requirements.

CdA Pediatrics received three SHIP telehealth grants to expand services across several sites, including the program at the Children's Village. HMA completed site visits to the CdA practice and to the Children's Village in May 2018 and provided ongoing monthly technical assistance throughout the project. During the site visits, and ongoing TA, CdA Pediatrics received support for program development and expansion, workflow development, consultation on best practices and on working with partners, and discussions on long-term program sustainability.

Program Results

Telehealth Program Metrics	Through December 2018
Number of patients receiving a telehealth visits	77
Number of telehealth visits	149
No-show rate for telehealth visits	Decreased from 8.3% to 5.26%
Percent of providers completing a satisfaction survey post telehealth visit	100%

Successes

- The number of providers offering telehealth appointments increased from three to six, with plans for continued expansion due to ongoing provider and patient interest.
- The no-show rates for telehealth visits decreased to below the overall no-show rates for all appointments.

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- The team developed workflows and initiated onsite care at Children's Village, decreasing the burden of staff time and transportation needed to bring a resident to the clinic, as well as disruptions to program scheduling and staff-to-child ratio maintenance.
- Over the course of the program, the practice identified a subset of their population, the autistic patient population and their parents, who were particularly adept at participating in telehealth visits. Because the telehealth visits were occurring in the patients' homes, with very little impact on the patient's schedule or surroundings, the providers reported that these visits were less stressful for the patient and more productive overall.

Challenge

- The team experienced barriers to finding the most effective and integrated peripheral tools to optimize care between Children's Village and the clinics.

Lessons Learned

- Work with your telehealth vendor and establish an ongoing relationship to improve integration with your health record, evaluation and quality improvement efforts, and workflows.
- Setting up a telehealth program requires a significant amount of time, especially when working with partners outside of your organization.
- Comprehensive workflows and policies and procedures support expansion of telehealth services and continued clinic team enthusiasm.
- Ensured payment for telehealth services supports both patient and provider engagement and program sustainability.
- Be cognizant of special populations that may be particularly well suited to telehealth.

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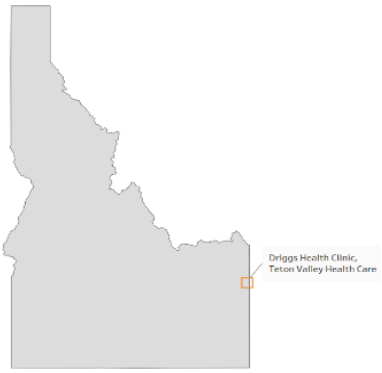
Driggs Health Clinic – Driggs, Idaho



Driggs Health Clinic (DHC) is a rural health clinic operated under the umbrella of Teton Valley Health Care, Inc., associated with Teton Valley Hospital and Victor Health Clinic. Teton Valley Hospital is a nonprofit, 13-bed hospital in rural Teton Valley, Idaho that employs 154 staff, is certified by Medicare as a Critical Access Hospital, and has served the Teton Valley community since 1938. The scope of primary medical, surgical, and diagnostic services, as well as preventive education and free community workshops, encourages the health and well-being of the local community members.

Telehealth Pilot Program

DHC applied for the SHIP telehealth grant to add a pilot tele-oncology program to their existing telehealth program. DHC has several other telehealth programs - burn, respiratory, pain, infectious disease, stroke, and ICU which includes partnerships with programs in Utah and Idaho. DHC launched this new pilot program to test tele-oncology services to coordinate treatment for clinic patients diagnosed with cancer, while managing the treatment plan locally and maintaining the patient relationship with the primary care provider. The program allowed the patient's primary care provider to remain in the treatment loop. DHC hired, trained, and integrated an oncology nurse navigator into the care team to coordinate patient treatments with the oncologists' oversight through tele-oncology. DHC partnered with the oncology department at Intermountain Healthcare, a not-for-profit health system based in Salt Lake City, Utah, and worked with Intermountain to promote these new services at a staff meeting, through social media, and the website. At the end of the grant period, DHC planned to determine if the pilot program measurably enhanced patient care and improved outcomes by keeping patients connected to their primary care provider and allowing them to remain in their homes, saving travel expenses and lowering stress levels during this very critical treatment period.

Given their experience with telehealth in their other established programs, the DHC team decided to use their internal resources for program development in lieu of HMA technical assistance after the first quarter of the SHIP telehealth grant program.

Program Results

Telehealth Program Metrics	Through December 2018
Number of patients receiving a telehealth visits	5
Number of telehealth visits	6
Wait time for visit	Max 7 days
Percent of patients completing a satisfaction survey post telehealth visit	80% completed survey, average 97.5% satisfied

Successes

- The team recruited and trained an oncology nurse navigator, developed a workflow, and trained the care team about the tele-oncology services.

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- The team worked with Intermountain Healthcare to provide set office hours for tele-oncology sessions as needed.
- Increased community awareness of telehealth program through marketing campaign. The program treated a patient needing hematology services, which was beyond the initial project charter, but within the scope of practice of the consulting provider.

Challenges

- Patient recruitment proved difficult, with most patients preferring in person visits despite the drive to Idaho Falls or Jackson, Wyoming.
- The set appointment time of once per week may have deterred patients due to the wait time of seven days.

Lessons Learned

- Despite having a telehealth program that provides remote oncology consultations that would allow a patient to receive care closer to home, patients may still prefer in person care despite the transportation challenges.
- The community benefit of providing quality care close to home is a strong motivator for telehealth program development and expansion.

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Family Medicine Residency of Idaho – Boise, Idaho

FAMILY MEDICINE RESIDENCY OF IDAHO

Family Medicine Residency of Idaho (FMRI) has been serving the citizens of Idaho and the surrounding Intermountain West since 1974, with eight clinics in Ada and Canyon Counties. FMRI is both a Federally Qualified Health Center providing care for underserved and rural communities, and a medical residency training program with three-year residencies and a range of one-year specialty fellowships with a vision of producing outstanding family physician leaders for Idaho communities.

Telehealth Pilot Program

Through the telehealth grant, FMRI had two goals: to reduce barriers and improve access for patients at FMRI, with a primary focus on home-bound patients; and to reach more, and improve care to, ill school children at schools throughout the district via the Meridian Schools Clinic. To enhance the process for home visits, FRMI built infrastructure and training for the implementation of real-time transfer of information from a visiting nurse to convey patient condition, vital signs, and provide access for a visual examination to a physician at the FMRI site. FMRI also worked closely with the clinic nurse to build plans for a workflow and system for live support via telemedicine. A core goal of this telehealth model is to support care for students onsite at school locations re mote from the clinic to avoid the burden of unnecessary bussing.

Program Results

The ambitious plan to launch two distinct telehealth programs laid significant ground work for implementing and scaling telehealth services to advance the overarching goal of increasing health care access. The program for home-bound patients has been piloted with an established FMRI patient who agreed to be an early adopter, to work through any program development issues with the provider, and to provide feedback and suggestions to the FMRI telehealth team. The program is now ready to roll out to additional patients. The related, but separate program to provide services from the Meridien Schools Clinic has put long-term program development plans in place that include building the program with the collaboration and support of the school district. More work remains to be done before the school program moves into piloting, but a compelling use case has been developed for providing this type of remote care and consultation.

Program Results

Telehealth Program Metric	Through December 2018
Number of patients receiving a telehealth visit	6
Number of telehealth visits	7

Successes

- The team evaluated vendors and selected Chiron Health to provide a telehealth platform for both elements of the pilot program.
- FMRI developed an internal telehealth team including providers, the revenue cycle director, IT, and the quality improvement director to ensure alignment for systemwide design and implementation.

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- FMRI has developed strategic plans for developing and piloting the school telehealth program in advance of the beginning of the 2019-2020 school year.

Challenges

- The initial proposed vendor did not allow for a user-friendly patient interface, so the team had to choose another telehealth vendor, delaying initial implementation.
- The piloting of the program for home-bound patients only included one "pilot" patient, who unfortunately passed away following some initial testing of the model.
- Payment and reimbursement policies are sometimes vague, with inconsistencies across payers and limited information, so the team continues to investigate options for reimbursement for telehealth services to inform patient recruitment activities for the ultimate sustainability of the program.
- School based telehealth programs require the involvement and support of multiple stakeholders and additional regulations, which can impact the pace of the program's development and implementation.

Lessons Learned

- Careful vendor software and hardware assessments may prevent potential barriers down the line in workflow development and service delivery.
- Payer mix and reimbursement policies should be assessed in the program planning phase of developing a telehealth program to be financially sustainable.
- It takes a team to develop a successful and sustainable telehealth program – including HIT, providers, billing, and the patient.
- School based telehealth programs require the involvement of multiple stakeholders and new processes and policies.

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Latah Community Health – Moscow, Idaho

Latah Community Health opened in June 2013 and is part of a regional network of 13 non-profit federally qualified health center sites (collectively, CHAS Health). Latah Community Health is committed to providing whole-person, patient-focused primary and preventive health care.

Telehealth Pilot Program

In the summer of 2016, CHAS Health began to investigate home-based telehealth for the Latah community. In addition to an evaluation on patient travel distances, CHAS's telehealth needs assessment included access to broadband internet in the service area, patient access to smartphones and computers with webcams, and patient interest in telehealth. Based on the findings, CHAS formed a Telehealth Core Team comprised of clinic, finance, and IT staff. Latah Community Health piloted real-time telehealth visits using the Chiron Health platform for patients who are located at home during the time of the visit. The program targeted Medicaid and uninsured adults in Latah County, and in particular, behavioral health and diabetic patients who require regular follow-up appointments. The goals were to reduce patient transportation barriers, increase patient engagement in their own care, and expand system capacity. Program activities included a multi-faceted outreach campaign, including social media and mass mailings, workflow development for behavioral health, dietitian, and pharmacy services, and regular team meetings to drive quality improvement.

As the CHAS team continued to focus on their BH program, Health Management Associates added Dr. Marc Avery, new to HMA from the University of Washington, to the coaching team. Dr. Avery is a psychiatrist and tele-psychiatry subject matter expert. He provided specific technical assistance virtually, as well as an on-site work session with CHAS Health behavioral health team to discuss the expansion of the Latah tele-behavioral health program.

Program Results

Telehealth Program Metrics	Through December 2018
Number of patients receiving a telehealth visit	35
Number of telehealth visits	131
Percent of providers completing a satisfaction survey post telehealth visit	100%
Percent of patients completing a satisfaction survey post telehealth visit	100%

Successes

- The CHAS telehealth team successfully created comprehensive workflows to support successful tele-behavioral health and dietician service delivery in Latah that are now driving expansion throughout the CHAS Health system.
- All Latah providers were dual-licensed in both Idaho and Washington to facilitate cross-border service delivery.

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- Strong organizational support and leadership buy-in facilitated enthusiasm and additional funding for increased program promotion and patient recruitment.
- The team identified a clinical provider champion and completed training for 100% of behavioral health clinicians on the utility and effectiveness tele-behavioral health.

Challenges

- Some individual providers required more support as compared to other peer providers in incorporating telehealth services into clinical workflows due to uncertainty about the quality of clinical care that would be provided via telehealth.
- Some types of services, such as tele-pharmacy services, demonstrated low patient interest with resultant higher no-show rates as compared to other telehealth service types.

Lessons Learned

- A strong provider champion was effective in driving patient identification and engagement, process improvement, and spread of telehealth activities among peer providers who may otherwise been unlikely to embrace telehealth care.
- Providers who are unfamiliar or hesitant to use telehealth can have an impact on the pace of telehealth uptake across the team. Their concerns should be acknowledged and addressed early and often.
- Use of telehealth job aids – such as a telehealth 'at a glance' – and repeated workflow trainings and telehealth team meetings were helpful in supporting the initiation of telehealth services.
- Behavioral health care was particularly amenable to telehealth service modalities, and thus represented a good starting point for building a telehealth array of services.
- It was useful to encourage providers to check acceptance directly with patients themselves as to whether telehealth-based services would be acceptable and/or desired rather than making assumptions that certain patients would reject the idea.

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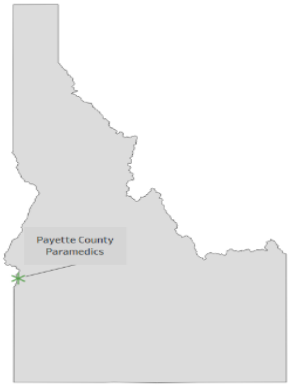
Payette County Paramedics – Payette, Idaho



Payette County Paramedics (PCP) is an ambulance district that provides 911 emergency services, Stand-by events, and Critical Care inter-facility transports. Payette County Paramedics provide Advanced Emergency care to the citizens of Payette County and surrounding areas through an ambulance and two crews of Emergency Medical Technicians and Paramedics. The ambulance is equipped to provide the highest level of pre-hospital and interfacility transport capability possible.

Telehealth Pilot Program

PCP developed plans to start a telehealth program to partner with an area hospital to enhance communication, decrease wait times, and reduce utilization of emergency services. The program model included the hospital making referrals to community paramedics upon patient discharge and the paramedics visiting a patient's home and becoming the eyes and ears of the physician. Using telemedicine, the paramedics would identify potential issues and instantly change the plan of care inside the home in coordination with the physician. The physician would also remotely prescribe and send orders over to the local pharmacy as needed without the patient needing to go into the physician's office. An additional goal was to directly admit the patient from an emergency scene instead of utilizing the local Emergency Department or to create a care plan with the patient and family to get appropriate follow-up care. Several other areas of telehealth were considered including jail afterhours healthcare access, social service referrals, cooperating with local family health clinics, and specialty care appointments. The core project team included the Lead Paramedic and the Director of PCP.

Program Results

Unfortunately, discussions with the hospital were not able to move to a commitment of partnership for the hospital as the provider partner in the PCP's proposed telehealth model. The Payette team has worked hard to develop an alternate partnership with another provider group to participate in the program and has had many program development conversations in the community with potential providers. Many discussions progressed, but no final agreement with a provider partner has been reached. As of the conclusion of the grant, the program had secured its hardware and vendor partner and developed operational workflows for its staff. Without a confirmed partner to deliver the care, PCP has been unable to pilot the program with patients in the field.

Success

- The team evaluated vendors, partners, and models for telehealth service delivery and payment options resulting in a robust operational plan that can serve as the foundation for telehealth program implementation upon the confirmation of a provider partner.

Challenges

- Despite promising conversations with a local hospital during the application process, PCP experienced difficulty in establishing a formal relationship with the hospital or a back-up health care

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provider, a required component for telehealth referrals, patient treatment, and destination decisions.

- Although there is the potential of as many as 3 patient referrals per day (including out of the jails) who could be treated or referred outside the ED by expanding the current community paramedic program to include telehealth, PCP lacked a physician and/or nurse practitioner to give the necessary medical oversight and to participate in telehealth consultations from the field.

Lessons Learned

- Building the telehealth business model requires a significant amount of time and resources, especially when working with external partners, which would be essential for a CHEMS telehealth model.
- Develop trust and buy-in from partners and community stakeholders to inform model development and to identify the service population.
- Since obtaining a licensed physician and/or nurse practitioner team to provide medical oversight is essential to operating a program like this, key program partner commitments should be confirmed in writing via an MOU or other written agreement.

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Sandpoint Family Health Center - Sandpoint, Idaho

Sandpoint Family Health Center (SFHC) is a physician owned clinic with five practicing family physicians and one nurse practitioner, operating for over 20 years. SFHC is recognized as a Level 3 Patient-Centered Medical Home and treats all ages from newborn to seniors, with an emphasis on serving the entire family.

Telehealth Pilot Program

SFHC launched a pilot telehealth project with the primary goal of improving rural patient centered access to primary care services in the location of their choosing. The target population included established patients with a diagnosis of diabetes with an A1c of 9 or over, insured by Medicaid or Regence Blue Shield, offering them routine diabetic follow up care from the convenience of their home or workplace using video visits powered by Chiron Health software. The video visits facilitated follow-up visits, medication questions, lab and test results, and responses to general questions. By the end of the grant period, the pilot program evolved to identify ways to engage all established patients and offer cash payment options for those without insurance coverage.

The core telehealth project team included a Lead Physician and Project Manager, with additional clinicians, billing, and front desk staff brought in as needed to assist with defined program elements. The project included the selection of the telehealth vendor, development of patient outreach and engagement materials, including brochures, website content, and a Chiron Health app user guide, and telehealth workflows and policies and procedures for the SFHC team.

One approach that was discussed was to offer this service to a local self-insured employer as a value-added benefit for just their employees and their dependents. The Sandpoint practice serves a significant number of Lighthouse employees. The clinical telemedicine model would not only be more convenient for individuals covered by the plan but could also reduce absenteeism and presenteeism (when employees are there in body but not in mind). Absenteeism may be due to the employees' own health condition, but also may be related to taking another family member to a doctor visit. Access to these telemedicine visits can also reduce the cost of emergency room visits that are for convenience sake (including the desire to avoid missing a day of work) rather than clinical urgency. Ultimately, given existing practice responsibilities, this option was not pursued.

Dr. Scott Dunn responded to the recent Centers for Medicare and Medicaid Services (CMS) Request for Information on Direct Provider Contracting Models. This primary care capitation model could support this telemedicine model on a multi-payer basis, but it is uncertain if it will be advanced by CMS. Even if it were, there are several uncertainties including whether Sandpoint's service area would be included, interest on the part of commercial and Medicare Advantage payers, and timing for implementation.

Program Results

Telehealth Program Metric	Through December 2018
Number of patients receiving a telehealth visit	15

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Number of telehealth visits	17
Percent of providers completing a satisfaction survey post telehealth visit	100%
Percent of patients completing a satisfaction survey post telehealth visit	Improved from 33% to 100%
Percent of completed telehealth visits without connectivity issues	100%

Successes

- The core team developed workflows and policies and procedures for long-term use and were quick to explore new ways to engage patients, regardless of payment source.
- The team drafted a proposal for negotiations with an employer-based plan which can be used again in future negotiations.

Challenges

- Patient recruitment proved difficult for SFHC due to patient preference to come into the office for visits and limited insurance coverage of telehealth as a covered benefit.
- Idaho Medicaid regulations are flexible enough to allow the practice to implement this model, but reimbursement rates are low.
- Since telehealth visits happened infrequently, the staff could not establish a regular rhythm for visits and therefore patient recruitment efforts did not spread significantly beyond the lead physician.

Lessons Learned

- Define your telehealth service population prior to program implementation, including surveying patients to verify interest. Many small practices have long, established relationships with patients who prioritize an in-person visit.
- Integrate telehealth services into your overall clinic operations. While the pilot may focus on a specific population, the provision of services to a broader patient panel supports long-term sustainability and success.
- It is not feasible for small practices to address telehealth payment policy issues on their own. Until multiple payers agree to incorporate telehealth as a covered benefit in their insurance plans, adoption of this cost-effective means of offering this member-centric alternative access to primary care will be stymied.

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Shoshone Family Medical Center – Shoshone, Idaho

Shoshone Family Medical Center is a Rural Health Clinic (RHC), serving as the only clinic in Lincoln County, Idaho, an area larger than Rhode Island. Shoshone offers integrated behavioral health and clinical pharmacy, with the mission to improve access to primary care services through use of a multi-disciplinary team approach to health care.

Telehealth Pilot Program

Shoshone implemented a telehealth pilot program with the primary goal of improving rural patient access to clinically appropriate primary and secondary care services in the location of their choosing using video visits. The initial target population was patients with a diagnosis of diabetes, focusing on those patients with an A1c of nine (9) or higher. Priority activities for the project included patient outreach and engagement and the implementation of TeleVISIT, a telehealth platform supported by the current electronic medical record (eClinicalWorks). The core project team included the clinic's medical director, clinic director, and support staff for project management. Leveraging their EMR platform's software, Shoshone was able use a software fully integrated with the patient medical records and scheduling. They started with one existing male patient and one existing female patient who met the clinical criteria but were also known to be high functioning, computer literate, and both willing to provide input and troubleshooting in a pre-launch phase.

Following a site visit and program assessment, HMA provided regular virtual TA through coaching calls. The HMA technical assistance team was able to add a RHC expert who had recently served at HRSA to provide specific subject matter expertise regarding RHC regulations and opportunities.

Program, Results

Telehealth Program Metrics	Through December 2018
Number of patients receiving a telehealth visit	2
Number of telehealth visits	2
Percent of providers completing a satisfaction survey post telehealth visit	100% - positive feedback
Percent of patients completing a satisfaction survey post telehealth visit	100% - positive feedback

Successes

- The team completed an all staff training on workflows to support program implementation, developed comprehensive patient collateral materials, and conducted outreach to promote tele-visits and their web portal app at the popular Lincoln County Fair.
- The team developed and distributed a patient engagement survey where 47% of current patients responding reported interest in using telehealth services.

Challenges

- There are barriers associated with out of state licensure fees and liability coverage to be able to serve their established patients who travel out of state regularly.

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- There were many eligible patients who declined to participate in the program despite provider and staff education and encouragement regarding telehealth.

Lessons Learned

- In smaller practices, there are many competing demands on more limited staff, so the amount of time necessary to develop, pilot, and scale a program can experience timeline setbacks with a small team.
- In some rural communities, many patients and families prefer to come into the clinic, despite the burden of travel and an expressed receptivity to care via telehealth.
- The complexities of eligible services and reimbursement rates for an RHC under Medicare are different than non-RHC sites and requires additional research.

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Southfork Medical Clinic – Irwin, Idaho

Southfork Medical Clinic (Southfork) is a solo practice rural health clinic owned and operated by a Nurse Practitioner, Wendy Swope. Established in 2015, Southfork provides comprehensive primary care to the residents of Swan Valley where the population swells from 800 residents year-round to over 3,000 in the summer. Emergency room or inpatient medical care requires over an hour drive.

Telehealth Pilot Program

Southfork developed their telehealth program to provide diagnostic imaging services via teleradiology to serve patients with traumatic injuries and respiratory issues. Obtaining an x-ray interpretation of a potential fracture, or a suspected pneumonia, provides critical information needed to determine the urgency of additional evaluation and treatment or whether to start care prior to transfer. Using non-SHIP funding sources, Southfork Medical Clinic secured a mobile x-ray machine for in-clinic and mobile diagnostic imaging. They contracted with a radiology practice to provide diagnostic interpretations. The lead provider completed registration, initial and ongoing training, and licensure requirements for the state and then initiated service delivery. Thus far, radiology services have included wrist, hand, leg, and collarbone imaging with only one patient sent to receive further care at the emergency department.

HMA made a site visit to meet with Wendy and review her program in May 2018 and during the grant period assisted with program design, establishment of workflows, consent and result notification; reviewed training and licensure requirements, radiology contract(s), and revenue cycle; and discussed sustainability beyond the SHIP grant.

Program Results

Telehealth Program Metrics	Through December 2018
Number of patients receiving a telehealth visits	14
Number of telehealth visits	20
Level of provider satisfaction with telehealth service delivery	100%
Increase in access to screening and/or specialty care (radiology services)	0-100%

Successes

- The lead practitioner reviewed two proposed contracts from area radiology groups and was able to identify a partner in alignment with program expectations and goals.
- Working with the radiology partner, the practice established workflows for clear data exchange, integration with the electronic health record, and follow-up for patients.

Challenge

- The initial delivery of equipment and software was delayed and incomplete, requiring additional time for program set-up.

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Lessons Learned

- Before setting up a telehealth program, identify a need in the community where telehealth can be a long-term and sustainable solution.
- Evaluate specialty care partners and equipment to ensure alignment with your telehealth program model before committing to a contract to prevent potential barriers down the line in workflow development and service delivery.

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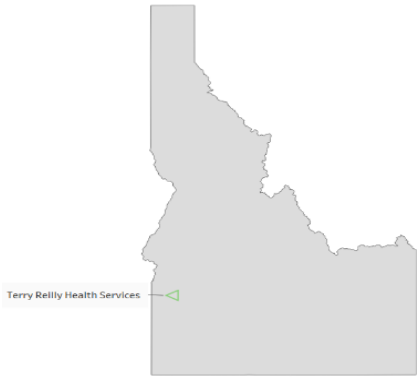
Terry Reilly Health Services – Nampa, Idaho



Terry Reilly Health Services (TRHS) is a private not-for-profit organization providing quality care to all, with discounted fees available based on family size and income. TRHS is a federally qualified health center that operates eight medical/behavioral health clinics, five dental clinics, and a detox/mental health and crisis facility located in the communities of Melba, Marsing, Homedale, Middleton, Caldwell, Nampa, and Boise.

Telehealth Pilot and Expansion Programs

TRHS received two SHIP telehealth grants to support one pilot program and one expansion program. The pilot designed and implemented a program to provide psychiatric consulting, psychiatric medication management, and counseling services to four rural clinics in the towns of Melba, Marsing, Homedale, and Middleton using a clinic-to-clinic model. Following a well-designed vendor selection RFI process, TRHS partnered with Medweb to provide software and technical assistance. The goal of the pilot was to increase patient access to needed behavioral health care and provide the clinicians practicing at these clinics with psychiatric consultation without traveling to one of the larger clinics in Boise and Nampa.

The telehealth expansion aimed to enhance a nurse triage and urgent care virtual services program by offering video teleconferencing between the patient and the triage nurse, while improving care and provider to the same four sites as the pilot. TRHS partnered with CIS Consulting/SnapMD to provide software and technical assistance to support the nurse to visually view patient vital signs and symptoms captured by the medical assistant handling the patient on site, with a goal to reduce wait times for appointments.

The core project team included the Director of Business Management, the Director of Quality Improvement, the IT Director, The Chief Medical Officer, and a cross-section of provider, technology, and operational leaders and support staff.

Program Results

Telehealth Program Metrics – ***Telepsychiatry pilot only***	Through December 2018
Number of patients receiving a telehealth visit	7
Number of telehealth visits	17

Successes

- The TRHS team performed an extensive vendor evaluation and selection process to identify a telehealth partner that aligned with pilot goals to then support expansion efforts as well.
- For both telehealth projects, the team established workflows and open communication with all TRHS staff to increase buy-in and optimize patient identification and recruitment activities. Communication included schedule monitoring, daily huddle reports, and client status updates between sites.

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- The team addressed the lack of rural delivery options by developing and launching a protocol and training process.

Challenges

- Staffing challenges prevented the expansion of the tele-psychiatry program beyond the pilot program and delayed the testing and launch of the nurse triage program expansion. However, TRHS learned from the pilot to identify the need for a tele-triage program with RNs.

Lessons Learned

- Busy multi-site primary care practices often have competing demands that make new program implementation a challenge.
- Strong champions in each role or in each location involved with the process are key to success. Staff and provider turnover are significant impediments to progress.
- Extensive preparation is needed at both locations for scheduling and directing patients without confusion for this new type of program. Logistical considerations should include careful training, well-planned scheduling process, robust communication to all staff with any workflow impact, updating any automated or non-automated reminder outreach with details specific to the telehealth workflow which often varies from routine visits, and making sure the patient is visible on schedules at the originating and distant site. Telehealth software can often be leveraged to simplify workflows when their full functionality is utilized.
- Specific to a telepsychiatry program with medication management, the originating site needs to be able to manage injectable psychiatric medications to serve patients who need them, which requires some complex policies and procedures to be developed as part of the program.

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Program Findings and Key Elements for Success

The Idaho SHIP Telehealth Grantee Program provided the opportunity for practices across the state to test innovative approaches to telehealth service delivery in multiple settings while targeting various patient populations. No two programs were the same, allowing for the state to learn from each pilot and expansion program to inform future telehealth initiatives regardless of region or service community.

Results reflected the variety of programs, with unique challenges and successes demonstrated in program design and implementation. However, there were common themes and findings shared between grantees as further described below. These findings and lessons learned that are summarized below represent the successes and challenges identified and, in some cases, overcome, by practice teams.

Model Development and Team Leadership Support are Critical First Steps

As part of the application, grantees developed an initial project plan which included a proposed model for telehealth service delivery. The more successful programs had a clearly defined scope of services, a committed core telehealth team to drive progress, and an understanding of the needed elements for sustainability. Optimally, these building blocks of a successful telehealth program are established prior to a commitment or contract for vendor services or before the purchase of telehealth equipment. This was not always the case in some of the SHIP telehealth grantees and some sites struggled or needed to make adjustments as a result.

The importance of a provider champion and a committed telehealth team cannot be understated. At least one provider champion with demonstrated enthusiasm and support for telehealth as a tool to improve access to care was identified early on with many of the SHIP grantees. These teams encouraged buy-in from the entire site(s) for the program and worked to develop clear workflows and policies and procedures specific to the new or expanded telehealth process. Some grantees experienced barriers with provider skepticism of the quality or potential impact of telehealth. Counter cultures can significantly impact the pace of telehealth adoption across an organization. Provider champions need to address these issues early and often by validating and addressing their concerns and providing education and evidence.

Specific to a telepsychiatry program with medication management as part of the scope, Terry Reilly Health Services learned that the originating site needs to be able to manage injectable psychiatric medications to serve patients who need them. This resulted in a requirement for the development of complex policies and procedures. Otherwise, many of these patients would still have been required to come to the urban clinic, undermining the goal of the program to reduce this travel burden. Once developed, extensive practice with the protocol for this workflow was needed at the rural clinics to avoid numerous interruptions to the Psychiatric Nurse Practitioners.

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Latah Community Health developed an initial project plan, including strategies for patient outreach and engagement and workflows for three types of telehealth services. The team tested and improved the workflows throughout the pilot period, especially specific to tele-behavioral health, and incorporated patient and provider feedback to create cheat-sheets for use within the clinic and for the installation of the Chiron app on a patient phone. Staff participation lead to increased provider interest and quick replication of the model at the other CHAS Health sites.

Payment for Telehealth Services Remains a Barrier

The most pressing barrier identified by grantees and by the larger group of stakeholders participating at the May planning meeting is the existence of a complex reimbursement landscape that has resulted in the inconsistent, or overall lack of, reimbursement for telehealth services beyond the recent progress made with Idaho Medicaid telehealth policies. Medicaid telehealth reimbursement that includes home (or another nonclinical location) as an originating site has been a significant advancement for telehealth adoption and was a focus of several of the SHIP grantees. Grantee programs with ensured payment for services, such as for pediatric care or specific Medicaid populations, were able to create more sustainable telehealth programs.

Finding sustainable revenue sources for telehealth programs was a challenge for all of the programs, but it was especially challenging for smaller independent practices with a predominately commercial population. It is not feasible for these small practices to address telehealth payment policy issues on their own. Until multiple payers agree to incorporate telehealth as a covered benefit in their insurance plans, adoption of this cost-effective means of offering this member-centric alternative access to primary care will be stymied. It would be useful for the Department to provide ongoing opportunities for providers and staff from telehealth programs (SHIP and others) to have a forum to share ideas and best practices and to strategize payment policy solutions.

Dr. Scott Dunn from Sandpoint Family Health Center spent a significant amount of time and effort exploring additional revenue sources for sustainability. This included staff time to reach out to commercial payers for each telehealth visit to verify coverage. This resource intensive process would be unsustainable over time but was necessary due to conflicting coverage and benefit structures that seemed to vary per patient. Sandpoint also explored presenting a separate proposal to a local self-insured employer as a value-added benefit for their employees and their dependents. Dr. Dunn also responded to the CMS Request for Information on Direct Provider Contracting Models. This primary care capitation model could support this telemedicine model on a multi-payer basis, but it is uncertain if it will be advanced by CMS.

External Stakeholder Engagement Can Get Complicated

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Several of the SHIP grantees proposed telehealth projects that involved partnerships or relationships with organizations outside of the practices' business structure. This is a common model for telehealth programs that include separate entities that function as the originating or distant sites, or that involve additional clinical groups that provide consultations or report interpretations. Developing these relationships can be time consuming and complex, especially when some or all of the participants are new to telehealth.

Payette County Paramedics, despite promising conversations with a local hospital during the application process, experienced difficulty in establishing a formal relationship with the hospital. The Payette team has worked hard to develop an alternate partnership with another provider group to participate in the program and has had many program development conversations in the community with potential providers. Many discussions progressed, but no final agreement with a provider partner has been reached. Such a partnership is a required component for telehealth referrals, patient treatment, and destination decisions. This experience underscored the need to develop buy-in from partners and community stakeholders to inform model development, identify the service population, and confirm service partnerships via written agreements.

Family Medical Residency of Idaho developed strategic plans to serve sick school children throughout the school district at multiple elementary and middle schools with care from one nurse staffing the Meridien Schools Clinic. The program will increase access to care by eliminating the need to bus the children from other campuses but comes with the complication of needing to develop plans in collaboration with the school district, requiring additional time and meetings. The plan includes meeting with the District for developing buy-in on the program and its scope, to develop policies on parent/guardian notification and consent, the addition of telehealth into the annual consent form administered district-wide, and logistical and staffing considerations such as space and supervision for the student telehealth visits at the originating sites.

Vendor Selection and Relationship Development Support Sustainability

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A vital element of a telehealth program is the relationship developed with the telehealth vendor who provides the platform for service delivery. Many aspects of a telehealth program include the vendor as part of the implementation team, such as data collection to support clinic and billing operations and evaluation and the delivery of services without connectivity issues. The most successful programs established their telehealth model and program goals prior to selecting a telehealth vendor, to ensure alignment and ease of program set up, and continued regular communication with their vendor as the program evolved to tailor functionality and improve provider and patient satisfaction. When a practice needs to switch telehealth vendors, as occurred with one SHIP grantee, this slows the pace of implementation and growth.

At Terry Reilly Health Services, the Director of Business Management assessed their telepsychiatry program's technology and functionality needs, issued an RFP outlining a solicitation for bids and thoroughly reviewed the responses. They were able to negotiate the service and functionality they needed and avoided purchasing unnecessary services or modules through this process. Ultimately, the configuration of their EHR with their telehealth platform via SnapMD accomplished a sophisticated level of integration with the patient medical records, including scheduling. The team learned that some more advanced and newly released features can add value, such as leveraging the "Presenter Role" within SnapMD during a patient video platform visit to simplify the workflow. In this mode, the medical assistant can launch the platform under the patient's name when a scheduled appointment has timed out due to delays in start time. The alternative was being launched as an open session which lost the benefits of the integration with the patient's medical record.

At Family Medical Residency of Idaho, the program to serve home-bound patients ran into delays due to the initial proposed vendor not being compatible with the tablet hardware the clinic already owned and hoped to use as a user-friendly patient and home health aide interface. They tested WebEx as a cost-effective alternative that can be HIPAA-compliant when settings are correctly managed, but ultimately found it to be difficult to use and "clunky". Ultimately, they landed on Chiron Health as a vendor with the right product for their program, but the process to identify the best option significantly delayed initial implementation.

Provider Driven Patient Recruitment and Engagement is Important, but Not a Guarantee for Patient Participation

Define your telehealth service population prior to program implementation, including surveying patients to identify need, assess interest, and determine why a patient would want a telehealth service instead of, or in addition to, an in-person visit. It is important to be aware of special populations that may be particularly well-suited to telehealth.

However, even when telehealth programs help improve access to care and overcome barriers such as transportation issues, some patients who can keep in person appointments will still choose to do so.

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This came as somewhat unexpected finding for several of the SHIP grantees who assumed the convenience of a telehealth visit would be a particular attraction to patients. For some patients, even after trying a telehealth visit, they still preferred the in-person experience.

Driggs Health Clinic of Teton Valley Health Care offered tele-oncology visits and infusion appointments in their facility to decrease the travel burden for patients. However, despite the distance issues, several patients still chose to drive an hour or more for in-person oncology care.

Coeur d'Alene Pediatrics identified a subset of their population, the autistic patient population and their parents, who were particularly adept at participating in telehealth visits. Because the telehealth visits were occurring in the patients' homes, with very little impact on the patient's schedule or surroundings, the providers reported that these visits were less stressful for the patient and more productive overall.

Summary of Telehealth Service Data

12	161	349
Total Number of Grants	Total Number of Unduplicated Patients Served	Total Number of Telehealth Visits

Conclusion

The SHIP telehealth grant provided Idaho with a unique opportunity to test new and innovative models of telehealth delivery in rural and underserved areas. Each site had the opportunity to develop and test programs to best meet the needs of their communities. Although the level of success varied, the overarching lessons learned will benefit future work in Idaho's telehealth program development to support improved access to quality health care.

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